

# Academic Research Request

**FAX THE COMPLETED FORM TO 202 / 727-6076**

## *Requestor Information*

|                                   |        |        |
|-----------------------------------|--------|--------|
| Name:                             |        |        |
| Occupation:                       |        |        |
| Business or Academic Affiliation: |        |        |
| Mailing Address:                  |        |        |
| Phone:                            | (Work) | (Home) |
| Fax:                              |        |        |

## *Preliminary Information*

Please check one of the following:

- ☐ An Office of Public Records (OPR) archivist is requested to assist me with preliminary investigation on records in the holdings of the DC Archives that are related to my research project.
- ☐ An OPR Archivist is requested to conduct the research for me on records in the holdings of the DC Archives.

May OPR personnel discuss your research subject with other researchers?

☐ Yes      ☐ No

May OPR personnel tell other researchers which records you have used?

☐ Yes      ☐ No

## *Research Information*

Please provide a brief description of your research. (Be as succinct as possible.)

## *Records Information*

Provide detailed information about the specific records that you need. (If necessary, attach an additional page to provide information.)

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